Received: 4 January 2021 | Revised: 5 May 2021 | Accepted: 7 May 2021

DOI: 10.1111/famp.12694

ORIGINAL ARTICLE

FAMILY PROCESS WILEY

Mattering and parental presence in systemic therapy using nonviolent resistance: The utilization of imaginary methods

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Abstract

An empowered sense of "self" is crucial for emotional well-being and positive relationships. Certain family interaction patterns can disrupt the adult's sense of "mattering" to the child, eroding their perceived self-efficacy. Mattering can be understood as a felt sense of relational agency which is necessary for experiencing one's interactions as meaningful, effective, and self-determined. When parents generate more positive future narratives in co-creation with their therapist, their sense of relevance to a child can be restored. In this way, more constructive forms of interaction can emerge with their child which has hitherto eschewed their care. This article aims to provide a conceptual basis for addressing an absence of reciprocity, where children demonstrate harmful or self-destructive behavior and refuse to cooperate in therapy. In such instances, one-sided parental action, utilizing nonviolent resistance methods, can influence relational dynamics. Imaginary methods can then facilitate shifts to psychological states in which the parent internally experiences efficacy and mattering more often without requiring validation from the "physical child" in the here and now. We introduce examples of specific imaginary techniques,

Willem Beckers, Peter Jakob, and Marie Luise Schreiter contributed equally to this work.

which in our clinical practice have shown to facilitate such shifts in parents. We discuss neuroscientific theories that may account for their powerful impact we witness in our clinical experience.

KEYWORDS
Imagination, systemic, non-violent resistance, NVR, psychotherapy

INTRODUCTION

Nonviolent resistance therapy (NVR) is a systemic approach to working with families, schools, and communities in which young people act in ways that are harmful to others or themselves, show controlling behavior, and are not willing to cooperate constructively in therapy (Omer, 2004). NVR aims to raise previously diminished parental presence in order to change relationships between parents or other caregivers and children, adolescents, and younger adults. Utilizing methods derived from sociopolitical movements that have used the personal presence and civil disobedience of resistors, such as the civil rights movement in the United States, therapists support parents[1] with NVR to reverse their accommodation to coercive control by the child and resist aggression. It is now used for a variety of problematic behaviors, ranging, for example, from anxiety (Lebowitz et al., 2014) to trauma (Jakob, 2018) and entrenched dependency in younger adults (Lebowitz et al., 2012). A growing evidence base for NVR includes randomized controlled trials for externalizing behavior (Weinblatt & Omer, 2008); serious externalizing behavior in adolescents such as repeated patterns of physical violence directed at parents, siblings, or peers, running away, or antisocial behavior (Ollefs et al., 2009); family functioning (Lavi-Levavi, 2013); children in foster care (Van Holen et al., 2017); and anxiety (Lebowitz et al., 2014). As a trans-diagnostic approach, NVR is used to change interaction patterns involving harmful or self-destructive behavior, whenever one-sided adjustment of interaction is required on the part of the adults involved.

While practicing de-escalation, parents learn to build a network of supporters within their ecological environment and draw on them to protest against repeated incidents of harmful or self-destructive behavior. Abandoning the counterproductive relational logic, according to which they believe that they must either seek to control their controlling child—which exacerbates a zero-sum game of "winning or losing"—or conversely appease and show submission, parents instead focus on their own self-control, and psycho-physiological and emotional self-regulation. They experience a "mental space" to rethink, re-appreciate, and revitalize how they want to engage with their child. A parent can then gradually be perceived differently by their child, as a person who is not motivated by fear or hostility, does not escalate, but also no longer accommodates unacceptable or dangerous behavior, ceases to act submissively, or respond with avoidance. While refusing to accommodate controlling behavior as in the past, a parent will be coached to use nonviolent positive action methods in response to incidents of severe aggression, and antisocial or self-destructive behavior manifested by the child. Some of these positive action methods are, for example:

- *The announcement*, a transitional ritual in which the adults indicate that they will no longer accept harmful behavior, break the silence with regard to problematic incidents such as violence, and make a commitment to nonviolence in their own right;

[1]In writing about parents, we mean to consistently refer to other caregivers as well, such as foster carers, teachers, or carers in residential services.

- *Sit-ins*, in the course of which adults enter the child's or adolescent's room, hours or days following an untoward incident, and sit down and ask for a solution to the aggression or other problem behavior; and
- *public opinion interventions* also referred to as "campaign of concern" (Jakob, 2018), in the course of which supporters contact the child to either express concern regarding a recent problematic incident, offer social support to the child to act differently, or acknowledge positive child behavior (van Holen, personal communication).

In such ways, they raise their personal presence to generate what has been described as "new authority" (Omer, 2004, p. 20), rather than responding in punitive and escalatory ways that would be experienced by the child as aversive and unnecessarily cause relational rupture. Embedded in a growing community of supportive others around the family, the adults increase their self-efficacy in such a manner.

In this sense, we can identify three key aspects to NVR as a therapeutic approach: (1) a set of methods drawn from social activist movements, which are offered to parents for use as an alternative to punitive responses; (2) the process of coaching parents in the use of such methods; and (3) the facilitation of an ever-growing support network in the family's socio-ecological environment.

However, we see a fourth, connective of aspect of NVR as key to therapeutic success, especially when relationships have been severely ruptured. "Parental presence" is multifaceted. Although the original NVR approach emphasizes parental presence emerging from intentional action in an organized "struggle" (Dulberger and Jakob, 2018), it does not address the parent's *felt need* to engage with their child in a caring capacity within a reciprocal process. This process has been conceptualized as a "caring dialogue" (Jakob, 2019), in which parents engage with and attune to their child, empathize, are receptive to unmet psychological needs, and take caring action, while children validate parents as caregivers by signaling distress when their needs are not met, engaging with their parents' caring responses, and showing greater well-being in response to their parents' caring action. Of course, this rather idealized description of a caring dialogue should not detract from the fact that this, as with most forms of dialogue, is rarely successful in any simplistic way. Where there has been prolonged harmful escalatory or self-destructive behavior on the part of the child, and escalation, withdrawal, avoidance, or accommodation on the part of the parent, we see a serious breakdown in the repair of relational rupture, which leaves the caring dialogue impaired. However, a core method in the original NVR model, the use of reconciliation gestures (Omer, 2004), lends itself to relational repair. By crafting reconciliation or relational gestures, which aim to address unmet need in the child, caring dialogue may be reestablished. The present article focusses on this fourth aspect of NVR, which relates to enhancing interpersonal connectedness between parent and child by facilitating or "re-kindling" their caring dialogue.

Such "child-focused NVR" (Jakob, 2019), however, can have certain prerequisites, which need to be generated in therapeutic work with the parent. Feeling under threat, a parent cannot attune to their child and develop meaningful, child-focused relational gestures. Alleviating the sense of threat enables parents to redirect their attention to other kinds of relational signals. Therefore, the parent must be able to attain a psychological state, in which they have a sense of their own strength in resisting aggression or other kinds of controlling behavior—an experience of self-efficacy that is associated with the kinds of performative resistance which are supported in the original NVR approach. The memory of such attainment can then become a resource.

A further, crucial dimension of parental agency seems to be derived from an inner assurance of relevance to their children (Marshall & Lambert, 2006). This assurance is understood

as a self-construal of significance or *mattering* in the experience of the relationship. Parents' affective experiences are centrally and substantially influenced by child behavior (De Mol et al., 2019). Considering that relationships are dynamic and in constant flux, the experience of mattering is not invariable or fixed, but a continuous "*sense-in-progress"* (De Mol et al., 2018). The sense of self in parents of children showing serious behavioral difficulties—in terms of mattering or having relevance—can be substantially eroded, when they perceive that their care is responded to with a lack of relational reciprocity (Reis, 2014), such as when there is a prevalence of severe violence, and rejection or dismissiveness by the child over a prolonged period of time.

To clarify: for most parents, being a *caregiver* appears to be a central tenet of their *self-construct*. When the child shows reduced responsiveness to parental care efforts, and the parent no longer experiences reciprocity, their sense of mattering or relational agency in the relationship will become eroded—and with it, a significant aspect of the parent's sense of self. Parents have described the psychological state they experience when reciprocity is absent as "erasure" (Dulberger et al., 2016): feeling diminished, they struggle to access internal resources, are less aware of interpersonal resources, respond in ways that diverge from their values, and struggle to imagine themselves resisting ill treatment by their child.

LOSS OF PARENTAL SENSE OF MATTERING

The perceived *loss* of their "sense of mattering" can have major negative effects on the parent's emotional and psychological well-being and ability to effectively and appropriately respond in stressful parenting situations. Parents' own emotional responses can be influenced by and further distort their perception of the child; this is likely to concur with heightened psycho-physiological arousal—yet a calm psychological state is needed to respond to the child, especially in situations when they are trying to resist harmful or self-destructive behavior. Thus, the negative expectations held by parents about their own ability to parent, and the perceived nonresponsiveness of the child, can make it difficult for them to engage in a caring dialogue. In this way, they may inadvertently contribute to relational patterns within which the child shows harmful behavior.

By having such a damaging effect on the well-being of the parent, loss of parental self-efficacy and a diminished sense of mattering can become a major obstacle to remedial action, both in terms of determined, effective resistance to aggression and other harmful behaviors, and of caring for the child's emotional well-being. A strong parental sense of mattering is sustained by a perception of relational *reciprocity*: interaction which demonstrates a measure of synchronicity, investment in the relationship, and mutual influence. Conversely, a distinct feeling of lack of reciprocity will likely trigger negative emotional states such as intense fear, terror, sense of guilt and shame, and corresponding behaviors such as physical avoidance or reduced inner awareness of the child.

The idea that negative emotional states are triggered and sustained by negatively held prior expectations has gained renewed attention among cognitive neuroscientists and psychologists (Clark, 2016; de Lange et al., 2018; Otten et al., 2017; Schreiter & Beste, 2020). Prior expectations stemming from beliefs about oneself, one's ability to act, and one's sense of *mattering* are fundamental to one's perceptions of the world and can dramatically affect social interactions in emotionally significant contexts. A strong parental sense of mattering will be based on a positive set of prior expectations in the parents about themselves and their relevance to the child: "*I am a good parent*."; *"She needs me."* Conversely, a negative self-image will affect their ability to see and react to unmet needs, influencing the way they see their child, and how the child views themselves.

How do expectations shape social perception?

Evidence about the impact of prior expectations on social perception comes from research investigating cognitive bias in adults with problems pertaining to anxiety as well as children and adolescents who present in aggressive or controlling ways (Barrett et al., 1996; Sussman et al., 2016; White et al., 2017). It suggests that individuals who show signs of anxiety or depression are more likely to interpret ambiguous social signals such as facial expression or body posture as threatening (Anderson et al., 2013; Mogg et al., 2006; White et al., 2017). They may perceive anger in a face that does not, in fact, display a threatening expression. Essentially, we constantly aim to match sensory input with prior expectations and seek to confirm those by either changing perception or, importantly, by acting. Within a social-emotional context, this means that our behavioral patterns as well as perceptions of *ourselves* are actively constructed and sustained based on prior beliefs held about the most likely causes underlying another person's behavior toward us. This source of information helps anticipate other people's state of mind, their possible intentions, and reactions. Accordingly, parents of children who show controlling behavior will be likely to seek confirmation of their predictions about how their children relate to them, subsequently influencing or forming their own parental reactions. Conversely, it will inform their beliefs about themselves and, ultimately, their *sense of mattering*. Importantly, their predictions are not necessarily closely aligned with "objective reality"; so, parents' reality is constructed on the basis of their own prior beliefs.

So, how can people's predictions "go wrong"? Since it is physiologically speaking, more efficient for the brain to *seek* confirmation rather than disconfirm predictions, attention tends to be directed to social signals that *support* our prior expectations; perceptual receptiveness to signals that do not concur with these expectations is decreased. Furthermore, there is evidence that the physiological arousal concurring with emotional states (such as heart rate and respiration) influences the way social events are perceived and remembered. For example, cardiac arousal that comes with anxiety has been suggested to enhance the ability to remember negative and threatening events compared to positive events (Critchley & Harrison, 2013). Thus, we continuously incorporate external, social-emotional input *as well as* internal emotional states to construct expectations that will guide our future behavior, and aggressive or violent behavior can be a major factor in the maintenance of problematic parental responses.

Reversing such processes by creating targeted experiences which *deviate* from prior social expectations underlies a number of therapeutic methods, particularly techniques of imagination such as imaginary dialogues. For example, imaginary interaction theory (Honeycutt, 2008) has previously aimed to conceptualize the function of imagination techniques on interaction and social relationships.

Imaginary processes have a long history in psychotherapy, documented as early as Breuer and Freud's use of the "hypnagogic method" (1895), and further developed in psychodynamic approaches such as guided affective imagery (Leuner, 1969). Our use of imaginary techniques reflects traditions in systemically oriented therapies, which harness the power of imagination to help clients develop "preferred futures," that is, visualizations of their future lives, involving, importantly, different forms of social interaction with significant others once their presenting problems have become ameliorated. De Shazer's use of the "miracle question," for example, invites the client to imaginatively construct an ordinary day in the future in the absence of the problem; time seems to "collapse," with the future juxtaposed onto the present (Lloyd, 2008). Similar methods are used in narrative therapy (White & Epston, 1989), whereby so-called "unique outcomes," or events that are not well developed in the client's life story, and which diverge from a dominant narrative about the client self, can form the substrate of projections into the future. For such "future narratives"—especially if they are narratives of resistance—to feel credible, imagery pertaining to the future needs to correspond with the

client's actual lived experience of having taken action. In this way, the narrative of the future becomes embodied and feels "real."

The imaginary methods in these and other systemic approaches tend to be used to stimulate preferred futures of a more generic kind, in which the clients visualize their projected life after the problem. In distinction to this, we use imaginary methods in very specific ways. Here, they are geared toward embodied visualization and the development of preferred future narratives in which the parent's sense of being needed by their child has been restored. A further difference lies in the therapist's use of their own imagination in a co-imaginary process with their clients; the therapist not only opens space for the client imagination but also offers their own imagery, thereby creating the synergy of a dialogical process.

In our experience, stimulating positive expectations can change what parents pay attention to; allowing their expectations to incorporate the possibility of their child showing vulnerability in the future—thus, reciprocating the parent's care efforts, they can become more likely to look out for signals indicating such behavior and respond to them. Their responses would then make it more likely that such behavior emerges more frequently in the child, which in turn would strengthen the new set of predictions; thus, feeding into the emergence of a virtuous cycle. Therefore, simulating prior expectations using imaginary methods is likely to be an effective therapeutic way of reversing escalatory behavior patterns *and* supporting caring responses.

How does imagination influence prediction?

Imagination is known to be a psychological method that can shape expectations. Numerous studies have demonstrated that processing prior expectations facilitates the entry of perception into awareness (Clark, 2016; Otten et al., 2017; Summerfield & Egner, 2009). So, generating different prior expectations about a certain kind of information demonstrably increases the likelihood of perceiving it in the future because expectations enable us to detect certain signals faster than others. For example, imagined brightness of a scene or light triggers pupil dilation in the same way as seeing actual light, thereby strongly substantiating the idea that imagination influences mental states in a way that is similar to perception (Laeng & Sulutvedt, 2013). Even a single exercise of the imagination can profoundly affect subsequent awareness; it has been suggested that the underlying brain mechanisms involved in this are based on a "sharpening" of neuronal activity that shapes interpretation of sensory input (Pearson et al., 2008).

Constructing prior expectations about other people and shaping our social perception in anticipation of their possible reactions to us can be adaptive within a particular social-emotional environment. We also anticipate our own future responses to them. This is particularly the case when navigating complex social situations and ambiguous emotional signals. In the best case scenario, we construct a fairly "accurate" picture of the world and other people in order to anticipate their behavior and appropriately adjust expectations and responsiveness toward them. Behavior is matched to what another person is expected to be like, not necessarily toward what state the other person is *actually* in. Hence, a person is likely to respond to another based on a picture constructed on prior experience combined with various socio-emotional signals one might be simultaneously picking up from the other (facial expression, body posture, and intonation of voice). The latter is of major importance when violent patterns grounded in traumatic experiences are (re-)evoked purely on the basis of a biased interpretation of an ambiguous facial expression, a gesture perceived as threating, or potentially even an imagined expected reaction that has not yet happened. This in turn can trigger a sequence of actions and reactions and the potential fuel escalatory self-fulfilling prophecies.

We can, therefore, assume that shifting psychological states to a tendency to interpret social-emotional signals more positively could form a basis for changing patterns of interaction

between parents and children. Imaginary methods to help shift expectations require only one-sided effort by parents. The following sections will outline effective ways of employing imagination techniques in a therapeutic context utilizing NVR. As outlined above, these methods can connect to conceptualizations from cognitive neuroscience building on findings from the fields of perception, memory, and cognitive psychology.

The *"Moment of Strength"* encourages clients to rebuild positive expectations by re-activating embodied memories which deviate from their currently held expectations of helplessness in the face of aggression. Methods like *"Interviewing the Imaginary Future Parent"* and the *"Imaginary Future Child,"* focus on reconstructing parents' expectations about their own and their child's responsiveness in the future. They do this by generating detailed images and scenes containing the child, themselves, and positive outcomes in order to overcome overly rigid expectations and, thus, negative, self-fulfilling prophecies. All methods converge on the central aspect of facilitated, co-generated thought, serving as a source for reducing perceived loss of parental agency and a renewed sense of mattering.

CASE PART I: PARENTAL "ERASURE"

Walter is a single parent with two daughters, Olivia, 16, and Sage, 11. Three years ago, his wife Roxanne abruptly left him after falling in love with a colleague. However, shortly after they divorced, Roxanne died in a car accident. Walter seeks help from a therapist, claiming his family has "totally fallen apart," that he has hit "rock bottom" in the relationship with Olivia. Olivia is sociable and very intelligent, but within the confines of the family home acts aggressively toward Sage on a daily basis: constant derogatory comments about her sister have become normal, and Olivia has been showing increasingly aggressive, threatening behavior such as physical violence and damaging furniture. Walter has tried setting boundaries and reasoning with her, but feels that his efforts are pointless, stating he has a "non-relationship" with Olivia.

> She outright hates me. If I want to sit and talk with her, she calls me 'Walter-the-wrong-one', meaning that the wrong parent died in that car. You know, when she was little, we played in the garden all the time, but now, it's like there's nothing left between us. She doesn't want anything to do with therapy. And she doesn't want anything to do with me.

Examples of imaginary methods for restoring a sense of parental mattering

The "Moment of Strength"

This method aims to encourage the parent to develop positive expectations of their own future responses by building on memories of parenting challenges within which they were able to sustain a felt sense of agency.

The parent is first guided to specifically remember successful recent positive action using NVR in resistance of controlling behavior, or other forms of interaction in which they were efficacious as a parent:

> I remember after you made an announcement to Olivia, that you would no longer accept her violent behavior towards her sister or yourself, because you know about the harm that is being done to this family, and that it is your responsibility to do whatever you can to keep all of you safe – you told me you felt really good about yourself as his father, that you'd done it even though it wasn't easy, and you felt

> good about the calm and clear way you spoke to her, without blaming her or anything, and actually speaking about yourself and your own responsibility. I'd like to invite you to remember this particular moment, or a similar moment in which you felt equally good about yourself in responding to her difficult behavior, and to let me know once the memory has come up clearly in your mind.

The therapist strengthens the imagery by asking about sensory detail (visual, auditory, proprioception, etc.) and repeating it back:

> Tell me what you see around you. What can you hear? So, you hear your own voice. … And you hear her shouting at you, but you hear your own voice at the same time, strong and clear but calm…

Once the parent indicates strong sensory impressions, the therapist asks:

> Where in your body do you locate how you feel good about yourself at this moment?

After locating it, the parent is asked to describe their body sensation in order to "anchor" the sensory-motor experience that is associated with this memory. The therapist then asks the parent to imagine—against the background of this sensory-motor perception—that they are carrying out a future act of positive, one-sided action in a situation they have found particularly challenging. The parent is asked to verbalize, in the present tense, what they are imagining:

> So, being aware of this good, warm feeling in your chest, and the strong feeling that your back is straight, I'd like to invite you to imagine that it's this evening or tomorrow, and Olivia is shouting at you because she doesn't like the food on the table, and she's looking menacing; being aware of the feeling in your chest, and the strong feeling in your back, how do you see yourself responding?

After this imaginary process, the actual parental response to this future challenge is planned. The imagery and the associated sensory-motor experience are likely to have enhanced the parent's sense of self-efficacy and created a positive prediction of their own future mode of responsiveness.

Interviewing the "Imaginary Future Child"

"Internalized other interviewing" has been used by David Epston and Karl Tomm (Haydon-Laurelut & Wilson, 2011). An adaptation of this method for child-focused NVR stimulates imagery of the child signaling their vulnerability; thus, creating the positive expectation that the child will communicate unmet psychological need. This can reposition the parent in a caring capacity, enabling them to expect they will "matter."

The parent is asked to visualize the child in the near future, imagining they have become more able to mentalize and be aware of emotions other than anger. The therapist then directs questions at the (not physically present) "child," which the parent then answers as if they themselves were the child, using mentalization-based reflexive, interpersonal perception questions (Bateman & Fonagy, 2013; Tomm, 1987), e.g.:

> So, Olivia, when your dad came back from his day trip with his friends last week, you got angry at first and shouted, but then you became very quiet, and your dad told me he thought you looked sad. I wonder what was going on inside of you, and how you feel about it now, that we're talking about it?

The parent responds, "being" their *future* child:

> "I just get so angry. I think my dad just forgets about me when he's gone. It makes me feel so alone" (rather than "My daughter would say she thinks…")

To further reinforce the parent's sense of *mattering*, the therapist then asks questions directed at imagining a "child-focused relational gesture" (Jakob, 2019). Such carefully planned and delivered gestures aim to address psychological need in the child, usually in an implicit rather than explicit manner. In our experience, imagining, planning, and delivering child-focused gestures can help parents attune more strongly to their child:

> So, you're telling me you really feel alone when your dad's away. What could he do to let you know that you are on his mind?

Afterwards, the therapist asks the parent how accurate a representation of the child's (future) articulation of vulnerability they feel they have just given. This helps the parent remain aware of the fact that they do not actually *know* how the child will signal their need in the future, while at the same time serving as an opportunity to develop a felt sense of how strong their attunement has been.

Parent and therapist then plan the actual gesture. The therapist reminds the parent that their gesture will more likely be perceived as unconditional, if they do not signal an expectation of the child showing appreciation in response.

Interviewing the "Imaginary Future Parent"

This method was inspired by "The Imaginary Future Child" and a question sequence used by Glenda Fredman (Fredman et al., 2018). It is aimed at helping the parent imagine a future version of themselves, a year from now, where the relationship with the child is better, and they feel stronger and more present as a parent. The parent is asked to respond as if in the future, using the present tense:

> So, Walter, how are you doing today? Tell me, what do you like about the situation as it is, right now? What's become possible for you and your daughter to do together that seemed so unlikely a year ago? Could you give me a recent example that shows how you interact with each other?

The parent is invited to include sensory and nonverbal details through additional questions (e.g., "*What do you see her doing here? What does her voice sound like to you? How does she look at you when she does that? How does your body respond when she looks at you in that particular way?").* The therapist now invites the parent to explore an altered experience of relational agency.

> How does it make you feel right now, thinking about that example? How do you show your daughter how much you appreciate her company? And how does she show some appreciation of you in return, in her own way?

At this point, the therapist and the parent explore even further into the future, what interpersonal changes will be brought about by relational gestures:

What do you feel the near future as a family will look like, Walter? What kind of gestures do you see yourself doing that will reassure Olivia how much you care for her? How will Olivia respond to that, do you think?

Therapist and parent then end this imaginary dialogue and exchange ideas and understandings that have emerged.

The therapist invites the parent to reflect on moments in which they already notice themselves acting in a way that resembles the knowledge and values of this "future parent," and then uses circular questions that can broaden this experience and help them connect more strongly with it.

> "What aspects of family life that this 'future parent' describes feel close to your own ideas of what you would hope to aim for? If you could speak to your future parent self about how you are beginning to embody him, what examples would you like to share with him? What would your 'future parent self' tell you about what he notices that you are already doing? What do you appreciate in how this future parent shows your child that it matters to him? How does this inspire you in your journey with Olivia?".

CASE PART II: UTILIZING IMAGINARY METHODS FOR MOVING FROM ERASURE TO PERCEIVED PARENTAL PRESENCE

Imaginary methods helped Walter's experience of Olivia deviate from the current relational patterns and generate subsequent expectations of his own presence and more constructive interactions with his daughter. Beginning with his recollection of playing with Olivia in the garden, Walter was invited to access several memories of *moments of strength*, in which he had experienced a strong connection with Olivia, and a sense of mattering to her as her father. Focusing on the embodiment of these experiences enabled him to re-connect with his own sense of parental agency, both in terms of acting constructively as a boundary setter, and in being able to address distress experienced by his daughter. In this way, Walter became ready to develop a preferred future. While her need had hitherto been obscured by his daughter's intolerable behavior, as her *imaginary future parent*, Walter could envision Olivia's resonance with him, as he would attend and attune to the emotional turmoil ensuing from the tragic loss of her mother and see himself showing caring responses. Subsequently, Walter and his therapist planned one-sided relational gestures, which aimed to communicate his awareness of the distress "hidden behind" her aggression; he persisted in carrying these out in spite of their initial rejection by Olivia. Increasingly, Walter felt enabled to act as a boundary and remain available to comfort both his daughters in their distress. He reported back to his therapist that he had come to feel more connected with his parental values and his ambitions for them as a family. He found himself no longer avoiding Olivia, but instead engaging much more strongly with her, both in terms of his physical presence and his attention to her needs.

DISCUSSION

There are key differences between the attachment-based construct of "blocked care" (Hughes et al., 2012) and the authors understanding of "erasure" as put forward by Dulberger et al., (2016). While "blocked care" is seen as an emotional difficulty rooted in the parent's own attachment history and triggered by child behavior, we understand "erasure" as a temporary psychological state which is brought about in particular kinds of relational positioning between parent and child, and from which parents can potentially move quite rapidly into other, more functional psychological states that entail greater internal and interpersonal connectedness. We believe that moving on from certain patterns of interaction within which parents have had the experience of irrelevance can enable them to recover a greater sense of agency

as caregivers and sense of self as parents in the here and now. While informed by attachment theory, in particular understandings of relational rupture and repair, we feel that the more systemic idea of a "caring dialogue" shifts some of the therapist's attention to encompass not only child distress but also *the parent's psychological needs within the relationship* and how they can be addressed. When, in a co-imaginary process, the therapist addresses the parental need to *feel they matter*, imagination in conjunction with subsequent child-focused action becomes a vehicle for restoring parent–child relationships.

This study only introduces a small selection of the imaginary methods we have developed. It focuses largely on parental experience and illustrates the kinds of pro-active responses parents show their child. When these are inspired by imaginary processes, they not only stabilize a more positive sense of self in the parent, but often also appear to stimulate more open communication by the child, which will signal their own vulnerability more clearly. This then, in turn, can further enhance the parent's sense of mattering and encourage greater attunement and more caregiving responses; thus, creating a virtuous cycle. We see this virtuous cycle as a kind of interactional process which elsewhere has been described as a "healing interpersonal pattern" (Tomm, 1987).

These and other imaginary methods we have developed for use in NVR differ from those used to generate preferred futures in other systemic therapy approaches, such as the miracle question in solution-focused brief therapy (e.g., Lloyd, 2008), by focusing specifically on assisting the parent to transition rapidly to a mindset in which they feel a stronger sense of mattering to their child. This very specific imaginary process is instigated in order to help the parent become more able to raise their presence, feel emotionally connected with and attuned to their child, and eventually engage in dialogue which encompasses parental care, as well as validation of the parent in their caring capacity. A further difference lies in the active participation of the therapist, who directs the client's awareness to particular constructive interactive events, many of which have been brought about by the coaching of the parent in the use of methods drawn from nonviolent resistance.

Parents who have experienced "erasure" may struggle initially with imagining different kinds of interaction, in which their perceptions of child and self would change. In a dialogical, co-imaginary process, therapist and client can playfully "bounce off each other," as the therapist communicates their belief in the client's ability to bring about change by sharing *their own* imagery which is stimulated in resonance with the parent.

CONCLUSION

Systemic therapists who utilize nonviolent resistance focus on raising parental presence as a pivotal aspect of countering coercive control and on supporting the family to regain more constructive relationships. In this article, we have attempted to conceptualize a little attended dimension in this process: to explore, understand, address, and enhance the perceived sense of mattering in the parent by generating specific preferred futures. The examples we have given, which utilize co-authored imaginary processes, should be understood within the conceptualization of these ideas, not as a protocol.

We also acknowledge that, for the focus of this article, we omitted contextualizing the interdependent and multileveled nature of the interactions that continuously influence and reshape the parent's sense of self; those within the larger system around the family can be especially relevant in this regard (Jakob, 2018). At the same time, our clinical work shows us that these imaginary methods tend to be highly effective in the emergence of shifts in the parent's sense of mattering within the relationship with the child as well as in a more constructive future attention toward positive behavior. This seems to be of high importance for parents who have experienced low relational reciprocity. Thus, in terms of raising presence, resisting unwanted

or aggressive behavior and rekindling a caring dialogue between parent and child, imaginary processes seem to constitute a powerful form of support. Further investigation into how the specific kinds of imaginary processes we have described may enhance outcomes in NVR would help build our understanding of how therapists can help facilitate the emergence of healing interactional patterns between parent and child.

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How to cite this article: Beckers, W., Jakob P., & Schreiter M. L. (2021). Mattering and parental presence in systemic therapy using nonviolent resistance: The utilization of imaginary methods. *Family Process*, 00, 1–13. https://doi.org/10.1111/famp.12694